

TRAINING COMPLETION SUMMARY FORM

The trainer is responsible for maintaining the training program documentation. Upon completion of the specified task, each section in the chart below must be initialed and dated by the trainer or DFS employee providing the training and the trainee. The name of the DFS employee providing the training will be hand-printed in the "DFS employee" space and the initials and date, as noted above, will be placed in the section labeled "Initials and Date". If any task is not completed, for any reason, this must be explained in the training file and approved by the Section Chief.

Trainee's Name _____

Trainer's Name _____

Training Start Date _____

SECTION 2 ADMINISTRATION

2.1.1 Introduction to local facilities and personnel DFS employee _____	Initials and Date:
2.1.2 Orientation to emergency evacuation procedures DFS employee _____	Initials and Date:
2.1.3 Administrative in-processing DFS employee _____	Initials and Date:
2.1.4 Familiarity with manuals and organization DFS employee _____	Initials and Date:
2.1.5 Discussion regarding regional labs DFS employee _____	Initials and Date:
2.1.6 Outlook and DFS LIMS System training DFS employee _____	Initials and Date:
2.1.7 Forensic Biology buccal swab collection DFS employee _____	Initials and Date: